



FAVN Report Form - Rabies Antibody Titer for Export Animals

K-State Rabies Laboratory
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LAB No. _____

**** Official **** Results are reported on this form. Please complete on-line and print-out or use a typewriter. If
FAVN handwritten, print clearly. If unclear, handwritten information is subject to interpretation by laboratory
Report personnel. Once submitted, information cannot be altered. Required fields are highlighted.

DESTINATION of animal being exported: HAWAII

From: *The submitter is responsible for all fees incurred and is the recipient of the Official FAVN Report.*

Submitting Clinic: _____ Phone: _____

Name of veterinarian: _____ FAX: _____

Address: _____ email: _____

City: _____ State/Country: ____ / _____ Zip Code: _____

Signature of veterinarian: _____ Date (mo/dd/yyyy): _____

Signature affirms identity of pet and confirms the microchip identification number.

Name of Animal: _____

Microchip No. _____

If there are two microchip numbers, only the first one will be on the results sticker.

Serum Draw Date (mo/dd/yyyy): _____ Sex: M ☐ F ☐ Circle: Intact/neutered

Species/Breed: _____ Date of Birth (mo/dd/yyyy): _____

Rabies	Date _____	Product/serial # _____	Route: _____
vaccination	Date _____	Product/serial # _____	Route: _____
history	Date _____	Product/serial # _____	Route: _____

Name of Owner: _____

Street Address: _____

City: _____ State/Country: ____ / _____ Zip Code: _____

Results of Test: (For Lab Use Only)

Opened by: _____ Processed by: _____ Computer Entry: _____ Reviewed by: _____

This submission form is a legal binding contract between KSVDL and the submitter. Fees may be paid by check (payable to KDAS), money order or credit card. All fees incurred are the responsibility of the submitter. A 1.5% finance charge will be assessed on all charges over 30 days. Version 04/06/2009